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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875                                                                                                                                                                                                                                                                                      |                                                                 |            |                                     |          |                                               |                  |         |                    |                                                  | Application or Docket Number |                            |                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------|-------------------------------------|----------|-----------------------------------------------|------------------|---------|--------------------|--------------------------------------------------|------------------------------|----------------------------|--------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY                                                                                                                                                                                                                                                                                                  |                                                                 |            |                                     |          |                                               |                  |         |                    |                                                  | OR                           | OTHER THAN<br>SMALL ENTITY |                          |
| <u> </u>                                                                                                                                                                                                                                                                                                                                                     |                                                                 |            |                                     | ER FILED | NUA                                           | MBER EXTRA       |         | RATE.              | FEE                                              | ]                            | RATE                       | FEE                      |
| 8ASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                                                                                                                                                                                |                                                                 |            | ·                                   |          |                                               |                  | 7       |                    | \$                                               | OR                           |                            | 1,                       |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                                                                                                                                                                             |                                                                 |            |                                     | minus 20 | 0 =                                           |                  | 1       | x \$ =             |                                                  | OR                           | x s =                      |                          |
|                                                                                                                                                                                                                                                                                                                                                              | EPENDENT CLAI<br>CFR 1.16(b))                                   | IMS        | •                                   | minus :  | 3 = .                                         | <del></del>      | 1       | x \$ =             | <del> </del>                                     | 1                            |                            |                          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 |            |                                     |          | (37 CFR 1.16(d))                              |                  | 1       | +5 =               | <del>                                     </del> | OR<br>OR                     |                            | · .                      |
| • If t                                                                                                                                                                                                                                                                                                                                                       | the difference in a                                             |            |                                     | נ        | TOTAL                                         |                  | OR:     | TOTAL              |                                                  |                              |                            |                          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 |            |                                     |          | 10                                            | L                | Oit     | TOTAL              | L                                                |                              |                            |                          |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                                                                                                                                                                                  |                                                                 |            |                                     |          |                                               |                  |         |                    |                                                  |                              |                            |                          |
| <u>ر</u>                                                                                                                                                                                                                                                                                                                                                     | <u>-92-06</u>                                                   | (Col       |                                     |          | (Column 2)                                    | (Column 3)       | _       | SMALL I            | ENTITY                                           | OR                           |                            | R THAN<br><b>ENTIT</b> Y |
| TNE                                                                                                                                                                                                                                                                                                                                                          | RE                                                              |            | LAIMS<br>MAINING<br>.FTER<br>NDMENT |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   | PRESENT<br>EXTRA |         | RATE               | ADDI-<br>TIONAL<br>FEE                           |                              | RATE                       | ADDI-<br>TIONAL<br>, FEE |
| ENDMENT                                                                                                                                                                                                                                                                                                                                                      | Total<br>(37 CFR 1.16(c))                                       |            | 3                                   | Minus    | 20                                            | *                |         | x \$=              | 1                                                | OR                           | x s =                      | 1                        |
| Ä<br>N                                                                                                                                                                                                                                                                                                                                                       | Independent<br>(37 CFR 1,16(b))                                 |            | 3                                   | Minus    | 3                                             | -                |         | x s =              |                                                  | OR                           | x s =                      |                          |
| AM                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |            |                                     |          |                                               |                  |         | +s =               |                                                  | OR                           | + 5 =                      | 1                        |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 |            |                                     |          |                                               |                  |         | TOTAL<br>ADD'L FEE |                                                  | OR .                         | TOTAL<br>ADD'L FEE         |                          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 | (Cole      | umn 1)                              |          | (Column 2)                                    | (Column 3)       |         |                    | <del></del>                                      | -                            | אסטנינב ן                  | 1                        |
| ENT                                                                                                                                                                                                                                                                                                                                                          |                                                                 | REM.       | AIMS<br>IAINING<br>FTER<br>NDMENT   |          | . HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT          |         | RATE               | ADDI-<br>TIONAL'<br>FEE                          | ·                            | RATE                       | ADDI-<br>TIONAL<br>FEE   |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                    | Total<br>(87 CFR 1.16(c))                                       | · · .      |                                     | Minus    | ••                                            | =                |         | x s=               | · .                                              | OR                           | X s =.                     |                          |
| Ξ.                                                                                                                                                                                                                                                                                                                                                           | Independent<br>(37 CFR 1.16(b))                                 |            |                                     | Minus    | •••                                           | =                |         | x s · =            |                                                  | OR                           | x s = .                    |                          |
| ₹                                                                                                                                                                                                                                                                                                                                                            | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR ) 19(0)) |            |                                     |          |                                               |                  |         | + 5 =              |                                                  | OR                           | + 5 =                      |                          |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 |            |                                     |          |                                               |                  |         | TOTAL<br>ADO'L FEE |                                                  | OR                           | TOTAL<br>ADD'L FEE         | <del></del>              |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 | (Colu      | umn'1) =                            |          | (Column 2)                                    | (Column 3)       |         | =                  |                                                  |                              | •                          | <del></del>              |
| ENT                                                                                                                                                                                                                                                                                                                                                          |                                                                 | REM/<br>AF | AIMS<br>AINING<br>TER<br>IDMENT     |          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR   |                  |         | ŖATE               | ADDI-<br>TADNAL<br>FEE                           |                              | RATE                       | ADDI-<br>TIONAL<br>FEE   |
| ă                                                                                                                                                                                                                                                                                                                                                            | Total<br>(37 CFR 1.16(c))                                       |            |                                     | Minus    | •••                                           | 2                |         | x s=               |                                                  | OR -                         | x s_ =                     |                          |
| AMENDMENT                                                                                                                                                                                                                                                                                                                                                    | Independent<br>(37 CFR 1 16(b))                                 | -          | ·                                   | Minus    | ***                                           | =                |         | x s =              |                                                  | OR                           | x s =                      |                          |
| ĕ.                                                                                                                                                                                                                                                                                                                                                           | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(d)) |            |                                     |          |                                               |                  |         | + 5 =              |                                                  | OR<br>OR                     |                            | ·                        |
|                                                                                                                                                                                                                                                                                                                                                              |                                                                 |            |                                     | L        | TOTAL<br>ADD'L FEE                            |                  | ا.<br>م | TOTAL              |                                                  |                              |                            |                          |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  **The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". |                                                                 |            |                                     |          |                                               |                  |         |                    |                                                  |                              |                            | <u></u>                  |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.